

Document Number	Date (Month, Day, Year)
Agency Name	Agency Number
Post or Station	Social Security Number
	or
	Federal I.D. Number

										Amount
	Travel Betv	Travel Between Points		Hour of		stence			Expenses	
Month/			Departure	Arrival	Lodging	Other	Other	No.	Mileage	
Day	From	То			Expense	Expense	Expense	Miles	x .	FUND / OBJECT / CENTER
										•
										Amount
										FUND / OBJECT / CENTER
										Amount
										FUND / OBJECT / CENTER
										Amount
										FUND / OBJECT / CENTER
									Gross Amount:	
		Totals	\$							

Pursuant to the provisions and penalties of IC 5-11-10-1, I certify that the foregoing Func amount claimed is legally due, after allowing all just credits, and that no part of the same		I certify that this voucher is correct, that the travel was authorized, that the claim is a proper charge against the Fund and Center indicated and that payment was authorized.			
Signature of Employee	Date (Month, Day, Year)	Signature Authorized by Agency	Date (Month, Day, Year)		